

Academic Personnel Questionnaire - Employer

Claimant Information:

Last Name: _____ First Name: _____ MI: _____
SSN: _____ Employer Account #: _____

Under Section 612 of the Illinois Unemployment Insurance Act, an individual is ineligible for benefits on the basis of wages for employment from an educational institution for any week between two successive years or terms if the individual either has a contract or has reasonable assurance he/she will perform such services in the next academic year or term. The information you provide will be used for the purpose of determining the claimant's eligibility for benefits.

Please complete, sign and return this questionnaire to the Illinois Department of Employment Security I Office as instructed. If you need additional space, please use the other side of this document, if appropriate, or attach a separate sheet of paper.

This state agency is requesting information that is necessary to accomplish the statutory purpose as outlined in 820 ILCS 405/10-3200. Disclosure of this information is voluntary. However, failure to disclose this information may result in the erroneous payment of Unemployment Insurance benefits which may affect the amount of your liability for contributions or payments in lieu of contributions.

Thank you for your cooperation in this matter.

Section A: Academic Information			
What is the name of the claimant's last academic employer?			
What were the dates of employment?		From: / /	To: / /
Did the claimant's employment end with the end of an academic year or term, or at the start of a vacation period or holiday recess?			Yes No
What is the reason for the claimant's unemployment? (<i>Select One</i>)			
Summer break		Semester break	Paid sabbatical
Other: (<i>Please Explain</i>)		Customary vacation period Holiday recess	
Had the claimant been employed by an academic institution during a prior year or term?			Yes No
<i>If Yes, please answer the following:</i>			
How many years or terms has the claimant been employed by an academic institution?			Years / Terms
In previous years, did the claimant's employment end with the end of the academic year or term?			Yes No
In previous years, was the claimant rehired for the following academic year or term?			Yes No
<i>If No, explain why the claimant was not rehired:</i>			
What was the claimant's title at his/her last academic institution?			
Was the claimant a substitute?		Yes No	<i>If Yes, please answer the following:</i>
How many days did the claimant normally average per week as a substitute?			Days
Has the claimant registered for substitute teaching for the next academic year or term?			Yes No
If Yes, names of academic institutions:			
If No, reason for failure to sign up:			
Does the claimant have a written, verbal or implied agreement to work for an academic institution in the next academic year, term or the period immediately following the vacation period or holiday recess?			Yes No
If Yes, name of academic institution?		If Yes, in what capacity?	
Does the claimant have reason to believe that he/she will be rehired to work for the next academic year or term? Yes No <i>If Yes, no further questions are required, skip to Section B.</i>			
If no, why does the claimant have reason to believe that he/she will not be rehired for the next academic year or term.			
Did the claimant refuse any offer of employment with any academic institution?			Yes No
If Yes, what was the date of refusal?		Name of academic institution?	
Section B: Signature			
Signature:		Date: / /	
Name and Title: (Printed or Typed)		Telephone Number: () - Ext:	